

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 / 525736

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	1					
4		1				
5						
6		1				
7						
8		1				
9						
10		1				
11						
12						
13						
14						
15						
16		1				
17						
18						
19						
20						
21						
22						
23						
24						
25						
26		1				
27	1					
28		1				
29						
30		1				
31	1					
32		1				
33		1				
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47						
48						
49						
50						
TOTAL IND.	4		↓		↓	↓
TOTAL DEP.	29	←	←	←	←	←
TOTAL CLAIMS	33					

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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96						
97						
98						
99						
100						
TOTAL IND.			↓		↓	↓
TOTAL DEP.		←	←	←	←	←
TOTAL CLAIMS						